



Stephens College

Request for Computer User Account

Please answer all questions on this form and return it when completed to:

Campus Computing
Stephens College
Box 2064
Columbia, MO 65215

Today's Date: _____

Name: _____
Last First MI

Please check one: Faculty: ____ Staff: ____ Student: ____ Cont. Ed: ____

Did you have an account last year? If so, username: _____

Do you want your e-mail address published? Yes: ____ No: ____

Home Address

Street: _____

City: _____ State: _____ Zip: _____

Telephone: (____)____-_____

Local Address (Include Office, Residence Hall and Room, Campus Box, etc.)

Office or Hall: _____ Campus Box: _____

Telephone: (____)____-_____

Signature: _____ **Please return top sheet only!**

By signing this Request for Computer User Account Form, I acknowledge that I have read and agree to abide by the *Rules and Regulations for User of Stephens College Computers and Computer Networks*, and also, as applicable, the *MOREnet Acceptable Use Policy*.

Internal Use Only: ID: _____ Password: _____ UIC: _____
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